



LTC BULLETIN

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Jonesburg Nursing Center overcomes a crippling ice storm

A crippling ice storm lashed Jonesburg, Mo., on a frigid December morning last year, causing massive power outages. Robin Lockhart, administrator at the Jonesburg Nursing and Rehabilitation Center, knew her residents needed help and quickly called a local fire official. But the fire department in this town of 727 people located about 60 miles west of St. Louis was already en route, armed with three generators to run the facility's furnace, phone/fire-alarm system, and hot-water tanks.

In fact, support and phone calls started pouring in from all quarters to assist the facility in its time of need.

A local electrician dropped everything to come and hook up the generators. One or two firemen stayed at the facility round-the-clock during the power outage, and facility staff not already on-site waited on standby to assist.

As the day turned into night and darkness enveloped the facility, one man's ingenuity helped spark a ring of light. As the man left the facility, he turned

on his automobile's headlights, which beamed down a facility hallway. This inspired staff and emergency responders to follow suit, and they situated their vehicles around the facility to provide a stream of light throughout the rest of the facility.

What do Robin Lockhart, her staff, and the residents remember most about that day? The local fire department going beyond the call of duty and their kindness.

Kudos to the Jonesburg Nursing and Rehabilitation Center and the local fire department!

The 5th Vital Sign

Do you know how to measure it?



symptoms to assess a patient, a system that often cannot see the need for care and attention beyond the medical?

Change begins when caregivers start to accept a patient's or resident's perception of pain. The greatest challenge lies in addressing the pain of those who cannot speak for themselves.

Healthcare providers must:

- Affirm each patient's perception of his/her pain.
- Identify the local and cultural differences in perspectives about the perception of pain, and educate staff about these differences.
- Identify obstacles family members might pose when their loved one is being treated for pain.
- Recognize that pain relief through medicine is only one aspect of pain management, and identify other possible treatments.
- Commit to a comprehensive pain management program that is tailored to each patient.

We need to educate staff about what to look for in a patient or resident who cannot or will not give voice to pain. Some nursing homes and centers have compiled pain/comfort kits that provide non-pharmacological interventions.

Families, physicians, and caregivers struggle with patients who have difficulty organizing their thoughts or finding their words and may

As life expectancy and the incidence of chronic illness increase, the need for accurate pain assessment and care is crucial. Pain robs nursing home residents of their quality of life, limits their functional capabilities and provides challenges for residents' caregivers.

Pain is a natural part of the human experience and comes in many forms: physical, emotional, spiritual, and relational. The difficulty is that pain often does not present itself visibly. Caregivers can assess and treat the things they can see; yet, how do they assess something they cannot see? How do they, and we, reverse a culture of healthcare that depends on clear-cut physical

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The 5th Vital Sign

Do you know how to measure it?

rely on patient behavior as an expression of pain. Your home or center can set the standard for others by making pain management the first priority in a resident's care. Beginning with the interview process, and continuing with orientation and in-services, your home can affect the culture in other nursing homes and centers and begin to erase barriers.

An evaluation of care center systems and communication will ensure that a patient or resident receives comfort measures and is not riddled with pain. Patients who are more comfortable often experience an increase in cognitive and physical functioning. What's more, when patient satisfaction increases, so does family satisfaction with a care center or home.

If we view life through the eyes of a patient or resident, we become aware of the need to make pain assessment and management a priority. Pain then becomes the "fifth vital sign" and guides quality assurance and quality improvement (QA/QI) processes, and professional education. Karen Stevenson, an RN and MS with the University of Wisconsin's Pain Improvement Partnership, notes that the "mood" and "behavior" areas on the Minimum Data Set (MDS) are often coded without first considering pain as a cause for a resident's mood or behavior. She reports that as dementia progresses, pain is coded less often on the MDS and with less intensity. Yet, behaviors associated with dementia are coded as occurring with greater frequency.

Focusing on pain relief can reduce the effects of residents' behavioral outbursts and subsequent hospitalization to gero-psych units. Treatment of pain also decreases the cost of care for patients with limited mobility, the complicating issue of

debilitation related to discomfort, and the potential for survey and complaint issues.

Where to begin? A good place is with the University of Wisconsin's checklist below:

- ✓ Can you go to any chart and accurately find out whether a patient is experiencing pain?
- ✓ If the patient is in pain, is there an assessment? Is it complete?
- ✓ If a resident has moderate to severe pain, is there evidence of timely follow-up?
- ✓ Is there evidence of patient/family education on pain issues? Is it comprehensive?

It is important that nursing homes and care centers commit to working together with their patients and families to establish an individualized, comprehensive pain management program by:

- Following essential practices.
- Screening for pain.
- Assessing pain often.
- Providing patient, family, and partner education.
- Setting standards for monitoring and intervention.
- Evaluating pain assessment and treatment procedures often.

Most of the information in this article is from St. Louis University's School of Medicine, Division of Geriatrics newsletter, Aging Successfully, Volume XVII, No. 2, "Caring for those in Pain," by Lea Doyel, RN.



By Joan Brundick,
State RAI Coordinator

Now in its second year, the *Advancing Excellence in America's Nursing Homes (AE)* campaign is hitting its stride; forty-four percent of Missouri's nursing homes and 431 Missourians have voluntarily pledged to improve quality of life for residents and staff. Any Missouri nursing facility may participate by pledging to focus on three or more campaign goals.

Here's how Missouri nursing homes fare on achieving the campaign goals:

- In reducing the prevalence of high-risk pressure ulcers, Missouri's average is 12 percent compared to the AE goal of less than 10 percent.
- In reducing the use of daily physical restraints, Missouri's average is 6 percent compared to the campaign goal of less than 5 percent.
- In improving the management and treatment of pain in long-stay residents, Missouri's average is 5 percent compared to the AE goal of less than 4 percent.
- In improving the management and treatment of pain in post-acute residents, Missouri's average is 21 percent compared to the campaign goal of less than 15 percent.

As you can see, there is still room for improvement. The Missouri Local Area Networks for Excellence (MO LANES) can help Missouri homes achieve the campaign goals through statewide training sessions, teleconferences and workshops. April workshops will focus on pressure ulcers and assessing resident/family satisfaction. May workshops will focus on consistent staffing and staff retention. The trainings have a nominal cost and are co-sponsored by the Missouri Association of Nursing Home Administrators (MANHA), the Missouri Health Care Association (MHCA), and the Missouri Association of Homes for the Aging (MoAHA). Look for their brochures for dates and locations.

The Department of Health and Senior Services (DHSS) will also post dates/locations on its weekly LTC Information Update LISTSERV. To subscribe to the LISTSERV, go to: http://cntysvrl.lphamo.org/mailman/listinfo/ltcr_information_update.

It is not too late to join the *Advancing Excellence in America's Nursing Homes* campaign. Participation is voluntary, but it does show the public that your facility cares about quality and strives for excellence. There is no registration fee. Simply go to www.nhqualitycampaign.org to learn more about the campaign, and register by clicking on "Nursing Home Registration."



Extra...Extra..Read All About It!

This quarterly newsletter, *LTC Bulletin*, is currently available in paper and electronic format. The paper version is in black and white. The electronic version is in color.

Facilities may view the color version through the LTCR Information Update LISTSERV at:

http://cntysvr1.lphamo.org/mailman/listinfo/ltr_information_update.

Department's Forms Go Carbonless

The DA-124 forms no longer require carbon copies. These forms are easily accessible on the DHSS website.

- Go to www.dhss.mo.gov.
- Click on **Applications & Forms** on the left side of the screen.
- Scroll down and select the form needed.
- DA-124A/B – Initial Assessment-Social & Medical form
- DA-124C – Level One Nursing Facility Pre-Admission Screening form
- DA-124C ATT – Notice to Applicant

Instructions are included with the forms. The forms may be completed electronically and printed for signatures.

Send originals to:

Department of Health and Senior Services
Section for Long Term Care Regulation COMRU
P.O. Box 570
Jefferson City, MO 65102

If you have questions, contact the Central Office Medical Review Unit (COMRU) at (573) 526-8609.

Finally, Medical Information Made Easy

The Merck manuals provide medical information in understandable terms. The medical community uses them and so does the general public. One can access the manuals at: <http://www.merckmanuals.com>. Registration is not required, and use is unlimited. The manuals are continuously updated to ensure the information is correct.

Available manuals:

The Merck Manual

The Merck Manual of Geriatrics

The Merck Manual of Health & Aging

The Merck Manual of Medical Information - Home Edition

Toll-Free Numbers

Elder Abuse and Neglect Hotline -
1-800-392-0210

Family Care Safety Registry -
1-866-422-6872

Emergency/Disease Reporting -
1-800-392-0272



Facilities Must Submit Fire Compliance Plan by July 1

Because of legislation passed last year, all licensed long term care facilities must submit a sprinkler-system and fire-alarm compliance plan to the State Fire Marshal by July 1, 2008. The plan must outline how the facility is meeting, or plans to meet, the provisions of 198.074 RSMo.

The State Fire Marshal developed and requires use of the "Plan for Compliance" form. The form is available on the Missouri Department of Public Safety, Division of Fire Safety Web site, <http://www.dfs.dps.mo.gov/plan%20of%20compliance-0108.pdf>, and on the Department of Health and Senior Services' Web site, <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>.

Each facility needs to print, complete and submit the form by mail or fax to:

Inspection Unit
MO Division of Fire Safety
PO Box 844
Jefferson City, MO 65102
FAX: (573) 751-1744

A list of sprinkler system contractors is available on the Missouri Division of Fire Safety's Web site, http://www.dfs.dps.mo.gov/Sprinkler_Contractor_Listing.htm. The list is for

informational purposes only and is not a recommendation or endorsement by the Division of Fire Safety or the Department of Health and Senior Services. Consumers should check with their local jurisdictions to ascertain contractor requirements in their areas.

About Admission Agreements

*Think Twice
Think Twice*

Now is a good time to review your nursing home admission agreements. A National Senior Citizens Law Center (NSCLC) study found that many of Missouri's nursing home admission agreements contain misleading statements that conflict with federal or state law. The report and a consumer guide on nursing home admission agreements written for residents and their families are available at: <http://www.nseclc.org/>.

Report: Think Twice Before Signing: Improper and Unfair Provisions in Missouri Nursing Home Admission Agreements

Consumer Guide: Nursing Home Admission Agreements: Think Twice Before Signing—A Guide for Missouri Nursing Home Residents and Their Families

Missouri Provides Support to Minimum Data Set (MDS) Coordinators

By Joan Devine, RN, BSN, RAC-CT,
Lutheran Senior Services

As a long term care professional, I have had the pleasure of working with nurses from the Quality Improvement Program for Missouri (QIPMO) many times during the past seven years. Each encounter has been a terrific experience because QIPMO nurses bring much needed support to our nursing home staff.

Over the years, the communities I serve have also benefited greatly from QIPMO consultations, whether the consultations have involved national initiatives like *Advancing Excellence in America's Nursing Homes*, or unique challenges faced by individual communities, such as a plan of correction.

As a certified resident assessment coordinator, I feel the support and education QIPMO Nurse Carol Siem provides to Missouri's Minimum Data Set (MDS) coordinators is invaluable and not replicated in many other



states. Carol hosts monthly MDS coordinator meetings, which are great opportunities for learning and networking. Through her e-mail list serve, Carol keeps coordinators abreast of the latest regulatory and training news related to the MDS and the industry as a whole. She provides

a variety of information that can help our communities in understanding and meeting regulatory requirements, and she shares tools that will enhance the delivery of services to our residents and

staff. An MDS coordinator's role can be a lonely one, but thanks to Carol, each coordinator knows she has someone to count on, and that person is just an e-mail or phone call away.

As long term care professionals venture into new territories — resident-directed care and the new MDS 3.0, among others — it is reassuring to know that Missouri's nursing home staff has QIPMO nurses who can be counted on to help lead the way.

Ozark Facility Sings Praises of Quality Improvement Program

by Donna Serven, RN/Administrator
Ozark Riverview Manor

Carol Siem from the Quality Improvement Program for Missouri (QIPMO) visited our skilled nursing facility twice this year. At our request, she showed her excellent presentation on restraint reduction and side rails, just as we began to eliminate most of our side rails. Her presentation was well accepted by the staff.

Meanwhile, we had just had our annual state survey and received deficiencies for the first time in 15 years. Carol was a wealth of information in writing a plan of correction and in training our staff so that we were in compliance. She

returned in two weeks and did another in-service training on catheter and incontinence care, and infection control.

Carol has a way of sharing information that is entertaining and down-to-earth and understands the real issues nursing staff faces every day. She knows her stuff, yet never talks down to anyone. She convinced our staff that there is a better way to care for our residents.

Carol also was very helpful in solving problems posed by our Minimum Data Set (MDS) coordinator. We attend the MDS coordinator meeting Carol facilitates in Springfield every month, and we really appreciate all she does for nursing facilities so we can do our jobs better.

Residents Have Right to Appeal Discharge Notice

By Julie Ballard, Assistant State Ombudsman

Many rights are guaranteed to people living in long term care facilities, thanks to the federal 1987 Nursing Home Reform Law. One of these rights mandates that a facility give residents, their next of kin, and/or their designees a thirty-day written notice before transferring or discharging residents. The thirty-day notice must include the reason for the transfer or discharge, the effective date, the location to which the resident is being discharged, the right to appeal, and the telephone number of the state long term care ombudsman. In the event a resident has no next of kin or designee, the facility must notify and send a copy of the written thirty-day notice to an appropriate regional long term care ombudsman coordinator. The list of coordinators is available at: <http://www.dhss.mo.gov/Ombudsman/>.



Residents and their designees have the right to appeal the discharge and request a hearing before the Department of Health and Senior Services' Administrative Hearings Unit. The address to send the request for a hearing is: Department of Health and Senior Services, Division of Regulation and Licensure Hearings Unit, PO Box 570, Jefferson City, MO 65102, Fax: 573-522-1473.



Special Focus Facilities



Can they overcome a troublesome track record?

Some nursing homes have a history of recurrent, serious deficiencies. To address the problem, the Centers for Medicare and Medicaid Services (CMS) has included these facilities in a special program to spur improvements in their quality of care. The program is called the "Special Focus Facility" (SFF) Initiative.

As part of the initiative, CMS requires that survey teams visit homes with a history of recurring, serious problems twice as frequently as other nursing homes. State law already requires that all nursing homes be inspected twice a year. CMS also lists the problematic homes, known as special focus facilities, on its Web site. The longer a special focus facility's problems persist, the more stringent CMS' enforcement actions become. Enforcement actions can include civil monetary penalties (fines) or termination from Medicare and Medicaid.

After CMS identifies a special focus facility, three outcomes are possible within 18-24 months:

- The nursing home graduates from the SFF program due to significant improvements in quality care that continue over time.
- The nursing home is terminated from Medicare and Medicaid (discontinuation of Medicare and Medicaid funding).
- The nursing home is provided more time to continue in the SFF program due to promising progress, such as the sale of the nursing home to another owner with a much better track record of providing quality care.

The list of special focus facilities and background information on the initiative are available at: <http://www.cms.hhs.gov/CertificationandCompliance/>. Click on **Nursing Homes**, and then scroll down to click on the Adobe Acrobat document, **Special Focus Facilities Background Info and Public List – Updated 11/30/07**.



*By Les Jobe, Regional Manager
Springfield Section for Long Term Care Regulation*

Thirty-five tornadoes ripped through the Springfield area in January 2008, begging the question: “Are we doing all we can to ensure facilities are prepared?” These off-season twisters claimed two lives and caused numerous injuries that had to be treated at area emergency rooms. Two years earlier, a band of March tornados lasting four days raged in seven states and claimed 11 lives in Missouri alone.

As part of the long term care facility survey and inspection, interviews are conducted with facility staff about their policies and procedures regarding a potential fire and power outages. As with fires and the loss of essential utilities, written policies and procedures for a tornado provide little protection if they are confined to a page or two in a three-ring binder at a nurses’ station.

In the event of a tornado, long term care facilities provide a “target-rich location” for injury and loss of life. Virtually every resource on the subject

establishes the same fact. Facilities must have a tornado plan, they need to educate staff on that plan and conduct drills so staff and residents are prepared. Facilities are responsible for taking action to reduce an event’s severity or consequences.

The following resources are available to assist with developing a tornado plan:

The Centers for Medicare and Medicaid Services (CMS) establishes that planning is the foundation for effective emergency management. CMS developed the Web site “Emergency Preparedness for Every Emergency,” <http://www.cms.hhs.gov/SurveyCertEmergPrep/>. The site provides information and tools, and utilizes an “all-hazards” approach for disruptive events.

The Missouri Department of Health and Senior Services provides tools to assist long term care facilities, available at: http://www.dhss.mo.gov/Ready_in_3/AdultCareFacilities.html.

Upcoming 2008 Long Term Care Provider Meetings



It's time! Make plans to attend one of the Long Term Care Provider Meetings listed below. They will be held in June and July in each Section for Long Term Care Regulation (SCLR) region.

The featured topics include: 1) Updates from the Section for Long Term Care Regulation, along with Questions and Answers, and, 2) Emergency/Disaster Preparedness.

- June 13, 2008
1:00 PM to 5:00 PM
Cox Medical Center South
Foster Auditorium
3801 S. National
Springfield, MO 65807
- June 27, 2008
9:00 AM to 1:00 PM
Harry S. Truman Building
Room 492
301 West High Street
Jefferson City, MO 65102
- July 17, 2008
1:00 PM to 5:00 PM
Stoney Creek Inn
Salon A
1201 North Woodbine Road
St. Joseph, MO 64506
- July 18, 2008
9:00 AM to 1:00 PM
Barry Medical Park Conference
Center
5844 NW Barry Road
Saint Luke's Northland Hospital
Kansas City, MO 64154
- July 25, 2008
9:00 AM to 1:00 PM
Comfort Inn
Trophy Room/Maple Room
1821 North Missouri
Macon, MO 63552
- July 30, 2008
1:00 PM to 5:00 PM
Holiday Inn South County Center
Monticello A
6921 South Lindbergh Blvd.
St. Louis, MO 63125
- July 31, 2008
9:00 AM to 1:00 PM
Southeast Missouri Hospital
Harrison Room
1701 Lacey Street
Cape Girardeau, MO 63707

Missouri Department of Health and
Senior Services
Section for Long Term Care Regulation
P. O. Box 570
Jefferson City, MO 65102-0570

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The *LTC Bulletin* is published quarterly by the Section for Long Term Care Regulation and is distributed to all Missouri long term care facilities. Suggestions for future articles may be sent to Sally.McKee@dhss.mo.gov, or you may call (573) 526-8514.

Individuals, long term care facilities, organizations and other interested parties are welcome to subscribe to the LTC Information Update LISTSERV. Please go to:
http://cntysvr1.lphamo.org/mailman/listinfo/ltrc_information_update.